

Preoperative radiochemotherapy for locally advanced esophageal cancer

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Introduction. Although surgery is a keystone of care in patients (p) with advanced esophageal, 3 year OS with this treatment remains poor. In an attempt to improve these results numerous studies using preoperative radiochemotherapy have been performed. They have shown that neoadjuvant therapy decreases the incidence of micrometastasis, and increases both resectability and the number of pathologic complete responses.

Aim. We aimed to evaluate the efficacy of neoadjuvant radiochemotherapy in a series of patients with locally advanced esophageal cancer treated at our institution.

Methods and study design. We analyzed 23 p with esophageal cancer stage T2–T4/N0–1 (ultrasound scan and CT) treated with EBRT (45 Gy/25 fractions) and concomitant cisplatin and 5-FU. Oncological surgery (esophagectomy) was performed in eligible patients 6–7 weeks after chemoradiation. DEVELOPMENT: between January 2000 and December 2012, a total of 23 p (21 men and 2 women) with a median age of 63 (range 38–76) were treated for esophageal cancer. Tumor locations: 15 p middle third and 9 p distal third. Clinical Stage: cT2 (1 p), cT3 (19 p), cT4 (3 p), cN+ (11 p) and cN0 (12 p). Histology: Adenocarcinoma (9) and epidermoid carcinoma (14) Surgery consisted in a complete esophagectomy in 19 p; 1 p subtotal esophagectomy, and 3 p were not eligible for surgery due to inoperability criteria.

Results. “Downstaging” was achieved in 18 p (78.3%), with pathologic complete response in 7 p (30.4%). With a median follow-up of 21.4 months (range 4–122), 12 p are alive free of disease, and 11 p death (7 tumor-related mortality). No toxicity grade III–IV was recorded.

Conclusions. Preoperative radiochemotherapy should be considered in patients with locally advanced esophageal cancer, as it can improve local control with a manageable toxicity profile.

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Preoperative radiochemotherapy of rectal cancer: Retrospective study of cases reports

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Objective. Description of epidemiological data, treatment tolerance, acute toxicity of radiotherapy and pathological response obtained, the 5-year overall survival and the 5-year disease free survival in patients diagnosed of rectal cancer treated with preoperative radiochemotherapy.

Methods. Epidemiologic, observational, descriptive, retrospective study of cases reports. The study has been to apply the inclusion and exclusion criteria for a population of 177 patients, eventually obtaining a sample of 60 patients. The next step was to systematically review of their clinical stories. Patients were treated with preoperative radiotherapy (with or without chemotherapy) at the University General Hospital of Albacete (Spain) from March 2002 till March 2008 (both months included).

Main results. 31.7% of patients were women and 68.3% men. Mean age 65.53 years (age range: 26–82 years). 100% of patients completed treatment with radiotherapy. Tolerance to treatment was excellent according to RTOG scale. The chemotherapy there was various schemes, such as 5-FU and capecitabine orally, especially in the last years. All the patients had surgery and the histological report showed tumoral regression ranging between 1 and 5. The median follow-up period was 5.45 years (range, 0.77–8.78 years). The 2-year overall survival rates were 93.3%. The 5-year overall survival rates were 68%. The 2-year disease free survival rates were 78.3%. The 5-year disease free survival rates were 66.2%.

Conclusions. The sex and the age resemble the national epidemiological data. Preoperative radiochemotherapy on patients diagnosed of rectal cancer is an adequate treatment since it gets good results and good tolerance. The overall survival rates and disease free survival rates at 2 and 5 years, were similar to other studies.

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Preoperative radiochemotherapy plus mesorectal surgery in advanced rectal cancer. Experience with a institutional protocol

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Introduction. The standard treatment of rectal cancers (RCA) is neoadjuvant radio-chemotherapy plus mesorectal surgery (MRS). In our hospital a national initiative called VIKING PROJECT (VP) was introduced in order to achieve a high quality standard of care.

Purpose. To compare the outcomes of pts with RCA prospectively included in the VP against a cohort of standard pts (SP) referred for radiotherapy but staged and operated in others hospitals where VP is not introduced.